

**OFFICE USE ONLY**

LICENSE # \_\_\_\_\_

ISSUE DATE \_\_\_\_\_

EXPIRES \_\_\_\_\_

**DEPARTMENT OF PUBLIC SAFETY  
LICENSE SECTION****COMMERCIAL SALES/  
COMMERCIAL PROMOTER  
APPLICATION**


THE CITY OF  
**COLUMBUS**  
MICHAEL B. COLEMAN, MAYOR

DEPARTMENT OF  
PUBLIC SAFETY

*Check all that apply*

☐ **COMMERCIAL SALES PROMOTER** ☐ **COMMERCIAL SALES**  
☐ **NEW** ☐ **RENEWAL**

**APPLICANT INFORMATION**

Full Name:		State of Ohio Vendor's License:	
Self Employed: <b>YES NO</b>		Employer:	
Date of birth:	SSN:	Federal ID:	
Current address:			
City:	State:	Zip Code:	
Phone Number:		Cell Phone:	
Email:			
Ohio Driver's License Number:		Expiration Date:	
Sex: <b>M F</b>	Race:	Height:	Weight: Hair: Eyes:
Are you a U.S. citizen?	<b>YES NO</b>	Place of Birth:	
Are you a legal alien?	<b>YES NO</b>	Alien Registration #	
<b>If born outside of the U.S., proof of citizenship or alien registration card must be submitted.</b>			
Have you had a City of Columbus license and/or permit revoked, suspended or refused within the last three (3) years? <b>YES NO</b>			
If <b>yes</b> , please explain:			
Have you ever been convicted of a felony? <b>YES NO</b>			
<b>List all felony convictions in the United States over the past seven (7) years. IF NONE, WRITE "NONE"</b>			
Are you on felony probation or parole? <b>YES NO</b>		If <b>yes</b> , date began:	
Have you ever been required to register as a sexual offender? <b>YES NO</b>		If <b>yes</b> , date began:	

**Business Name:**

**Business Address:**

**Business Phone Number:**

**Describe Items To Be Sold:**

**Where Will Items Be Sold?**

**How Will Items Be Sold?**

**OSU Merchandise Approval:      YES      NO      (Circle One)**

***Commercial Promoters Only***

**List All Commercial Sales Applicants That Will Engage In Peddling, Soliciting or Canvassing**


**ALL INFORMATION CONTAINED IN THIS APPLICATION IS SUBJECT TO DISCLOSURE AS A MATTER OF PUBLIC RECORD. ANY FALSE STATEMENT MADE OR GIVEN IN THIS APPLICATION SHALL RESULT IN DENIAL OR FUTURE REVOCATION OF THIS LICENSE, AS WELL AS CRIMINAL PROSECUTION UNDER CHAPTER 2321.13(A-3), (A-5), COLUMBUS CITY CODE 501 AND 523.**

**State of Ohio, County of Franklin**

\_\_\_\_\_, Being duly sworn, deposes and says  
(Print Applicant Name)

he/she is the individual making the foregoing application; that he/she is knowledgeable with respect to that which is to be licensed; that the answers to the foregoing questions and other statements contained herein are true of his/her own knowledge and belief.

\_\_\_\_\_  
(Applicant Signature)

**DO NOT DATE**

Swore to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
**Notary or Agent of Director of Public Safety  
MUST BE SIGNED, DATED and NOTARIZED**